TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Beges 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-f10013-Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	16020 Item #11 inf	CERTIFICATI	OF DEATH	17632
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased li	ved, If institution: Residence before admission)
	Saint Mary's	MARYLAND	a. STATE Maryland	Saint Mary's
	b. CITY OR TOWN (if outside corporate limits.	c. LENGTH OF STAY IN 1b		limits, write RURAL and give nearest town)
	write RURAL and give nearest town) Leonardtown	1 Hour	Mechanicsy	ville 18.7
-	d. NAME OF HOSPITAL OR INSTITUTION (if not		d. STREET ADDRESS	e. IS RESIDENCE
	Saint Marule Hos	ni+-1	252 Water	/iew Drive yes No Ix
3.	Saint Mary's Hos	pital	Last 14. DATE	Month Day Year
	DECEASED (Type or print)	Mildule	DF	1 1 1 1 1 1 -
5.	SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED 1 8	DATE OF BIRTH 10 ACE	In years I ICHINDED 1 VEAD ILE HADED 24 HDC
	_	TEACH MINNEY TO	12-14-67	oirthday) Months Days Hours Min.
10a	Cind Ci Milite	b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or forei	gn country) 12. CITIZEN OF WHAT
dur	ing most of working life, even If retired)	INDUSTRY	Leonardtown, St.	COUNTDV2
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Richard Alfred Be	aver	Elizabeth Marg	garet Davis
15.			INFORMANT	Address
(Ye	s, no, or unkown) (If yes give war or dates of service)			icsville, Maryland
-	18. CAUSE DF DEATH [Enter only one cause p		atriel Mechan	I (NTERVAL BETWEEN
н	PART I. DEATH WAS CAUSED BY:	1 n	60 01	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	ugueonary ur	evereus	
	16 d 5 DUE TO	1 1 7	20 web auchd	
	conditions, If any, which gave rise to immediate (b)	ellararily -	- 20 weeks gro tall	FI
	cause (a), stating the DUE TO			
2	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTR	DIDITING TO DEATH DUT NOT DELA	FED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a) 119. WAS AUTOPSY
ATIO	PARTIT. OTHER SIGNIFICANT CONDITIONS CONTR	GIBOTING TO DEATH BUT NOT KELA	TED TO THE TERMINAL DISEASE CONDITION	PERFORMED?
FIC	20a. ACCIDENT WAS UNDERLYING 1 20b	DESCRIPE HOW INDEX ORGIN	RRED. (Enter nature of injury in Part I or	YES NO
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCU	RRED. LEnter nature of injury in Part 1 of	Part II of item 18.)
MEDICAL	Harris V. S.	factor	E OF INJURY (Home, farm, 20f. (City or y, street, office bldg., etc.)	town) (County) (State)
MEO	Hour a.m. Who p.m. 19 at v	Not While at work	y, street, omcobings, etc.)	
	21. I certify that (I) (this hospital) atte	Inded the deceased from	DEC 1967 to 14/	JEC 19 67 that (1) (we) last
				causes and on the date stated above.
	22a. SIGNATURE	1		22b. DATE SIGNED
	William G. h	allegne Mind	PHYS. MED. STA	
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	
	William C.	Mulford, M.D	. Mechanicsville	e, Maryland
23a	BURIAL (CREMATION) 23b, DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY		(State)
	12-14-67	St.Mary's	Hospital Laborato	ry, Leonardtown, Md.
24.	FUNERAL DIRECTOR	ADDRESS		25b. REGISTRAR'S SIGNATURE
			DATEAN 9 1968	juliaries juliase
	7-252823			

VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Ltem #7 Film #G396 12/21/67 ph

CERTIFICATE OF DEATH

17634

1. PLACE OF OFA	TH			2. USUAL RESIDENCE	(Where deceased live	ed. if institution:	Residence hefo	re odmission	0)	
o. COUNTY	ST. MARY 8		MARYLAND	O STATE	RYLAND	b. COUNTY	CHARL			
b. CITY OR TOW write RURAL	VN (If outside corporate limit and give nearest town) ARDTOWN	s,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporote limi		ond give neare	st tawn)	2	
	SPITAL OR INSTITUTION (If n	at in bachital		d. STREET ADDRESS	GUEOAIFF	-		e. IS RESION	ENCE	
	MARY S HOSE		give street oddress)	d. SIKEET ADDRESS	RURAL			ON A FAI	RM?	
3. NAME OF DECEASEO (Type or print)	GRACE	irst	Middle	Lost	4. OATE OF DEATH	Month DECEMBE	Doy	y Year		
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9 AGE	(In years IF	UNDER 1 YEAR		-	
FEMALE	NEGRO	WIOOWEO	<u></u>	MARCH 1,189	74	birthdoy) M	lonths Ooys	Hours	Min.	
	TION (Give kind of work done king life, even if retired)		IND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (County	y & Stote, or foreign o	ountry)	12. CITIZEN O COUNTRY	S.A.		
13. FATHER'S NAM	NE .			14. MOTHER'S MAIDEN	NAME					
	SAMUEL EXXXXX LYLES MARTHA KING									
15. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16.		7. INFORMANT		Address				
(Tes, no, or unknov	vn) (If yes give wor or dotes	or service)		MILDRED GROSS	Нидне	SVILLE.	MARYL	AND		
PART I. 3 3 2, Conditions, if	ony, which gove	(o) Ce	retril 2	nalore	۸			TERVAL BETV NSET ANO DE		
stoting the u										
PAKI II. UIHE	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)								D?	
OR CONTRIBUT	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)									
20c. TIME OF Hour	INJURY Month, Doy, Yeor o.m. p.m. 19	While		PLACE OF INJURY (Home, for foctory, street, office bldg., etc		or town)	(County)	(S	itote)	
	21. I certify that (I) (this hospital) attended the deceased fram									
	saw the deceased alive an									
	22d. ADDRESS NAME (Type) 22d. MECHANICS VILLE. MARYLAND									
230. BURIAL, CREM REMOVAL (Spo	ocity) 12-11			or crematory.	Bryan	(City or Town)	Chas:	6,7	ote)	
24. FUNERAL OIR			ADDRESS (2So. REC	D BY REGISTRAR		RAR'S SIGNATU			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 fours after death Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

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FOR STATE HEALTH DEPT deloy is and 3 to 2, L 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Departm Health priar to burial, cremation, or removal, and in any event within 72 hours after death. necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Giye Pages TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VIT

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LDIGAL	- / WILLIAM	4517 0 0	-1/1111161			

14030	- 11	ILDICAL EXAMINER 5			1 (03)		
1. PLACE OF DEATH a. COUNTY ST. MAF	Y 1 8	MARYLAND	o. STATE	ere deceased lived, if institution b. COUNTY			
b. CITY OR TOWN (If outsi write RURAL and give LEONARDTOWN	neorest town)	c. LENGTH OF STAY IN 16	RURAL C	ide carporote limits, write RURAI	18-1		
	INSTITUTION (If not in hospitally be in		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	First	Middle PERNELL CA	Last	4. DATE Manth OF DEATH DECEMBE	Doy Year 28. 1967		
	OLOR OR RACE 7. MAR	RIED NEVER MARRIED	PEB. 21, 1885		IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min.		
Oa. USUAL OCCUPATION (Give during mast af warking life, ev		Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State a	r foreign country) Delaware	12 CITIZEN OF WHAT COUNTRY?		
JAMES H. IS. WAS DECEASED EVER IN U. (Yes, na, or unknawn) (If yes)	S. ARMED FORCES?	A CONTRACTOR OF THE PARTY OF TH	ALICE V	IRGINIA MCFADE Address AWAY CALLAWA			
PART I. DEATH WA	DUE TO gave (b) e (a), DUE TO		sclera	Pailur HD	onset and death		
PART II. OTHER SIGNIFIC	ANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO		
20g. EXTERNAL CAUSE W PRIMARY Or CONTRIBU CAUSE OF DEATH.	AS TING 2	Ob. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Po		home		
20c. TIME OF INJURY M	2 24	While - Nat While - fact	CE OF INJURY (Hame, farm, ary, street, office bldg., etc.)	20f. (City or town)	(County) (State)		
The second second	21. I certify that I took charge of the remoins described obove, held on Autopsy , Inspection , Inquiry death resulted from: Notural causes , Accident , Suicide , Hamicide , Undetermined manner (CHIEF MEDICAL EXAMINER)						
21. I certify that death resulted fr	0	e remoins described obove, he	ide, Hamicide CHIEF MEDICAL E	Inspectian 😧 , Inquir , Undetermined mai XAMINER	nner 🗌		
21. I certify that death resulted from ACTUAL SIGNATURE	0	e remoins described obove, he	on Autopsy [], ide [], Hamicide [CHIEF MEDICAL E M.D. ASSISTANT MEDICAL DEPUTY MEDICAL	Inspectian K , Inquir , Undetermined man XAMINER AL EXAMINER	nner 22. DATE SIGNI		
21. I certify that death resulted fr	Moturol cause	e remoins described obove, he es Accident, Suice	Id on Autopsy, ide, Hamicide, CHIEF MEDICAL EM.D. ASSISTANT MEDICAL DEPUTY MEDICAL Address (Street, CREMATORY	Inspection , Inquir , Undetermined man XAMINER AL EXAMINER EXAMINER EXAMINER City, town, or county) 23d. LOCATION (City or Town	22. DATE SIGNE		

VR A15ME (5) 6M 1/67

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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		MARYLAND STATE DEPARTMENT OF HEALTH	
7	DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	, MARYLAND
6	ODE	CERTIFICATE OF DEATH	114620

					A 1 U L	12
1. PLACE OF D a. COUNTY	EATH St. Mary	y¹s	a, STATE	NCE (Where deceased lived, If b. C. arvland	OUNTY	
b. CITY OR	TOWN (if outside corporate lin	MARYLA		(If outside corporate limits,	St. Mary s	
	TOWN (if outside corporate lin IRAL and give nearest town)	as a condition of other			THE ROTTE ON BITCH	
	ardtown Hospital or institution (if	not in boardal, also at and ad-	Iress) d. STREET ADDRES	xington Park	10.19	RESIDENCE
		not in nospital, give street add			0.0	LA CADASS
	ary's Hospital		HOT 41 LO	rd Calvert Tr	alpor Cures	NO X
3. NAME DF DECEASED	First	Middle	Last	DE	onth Day	Year
(Type or pr			ll Carroll	DEATH Dece	ember 19	1967
5. SEX	6. COLOR OR RACE 7. N	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year last birthda	Months Days Ho	
Male	White W	IDOWED DIVORCED	12-18-196	7 yrs	mondie bajo in	Win.
10a. USUAL OCC	UPATION (Give kind of work done		11. BIRTHPLACE	(County & State, or foreign cou	ntry) 12. CITIZEN OF W	9 1 1
during most or	working life, even if retired)	INDUSTRY	LEONA	ROTOWN, MARYLA	ND U.S.A.	
13. FATHER'S	NAME		14. MOTHER'S MA		ND U.O.A.	
Alla	n Edward Carro	11	Fli	zabeth Jean	Haydon	
15. WAS DECEA	SED EVER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT		dress	
(Yes, πο, or unko	wn) (If yes give war or dates of servi	ce)	Mother	Laurinat	on Doods Man	.7
		1		Lexingu	on Park, Mary	
1000	DF DEATH [Enter only one cau	ise per line for (a), (b); and (c).	1001	tage (V)		ND DEATH
FART	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	IN Espera	any list	NEB Some	MIN W	7
1/13	DUE TO	1) 1/2	about	The state of the s		
	if any, which (b)	TIV	invan	my		
	to Immediate DUE TO					
	cause last. (c)_			/		
PART II. OTI	HER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	TRELATED TO THE TERMINA	L DISEASE CONDITION GIVEN		SAUTOPSY
CAT					YES	RFORMED?
20a. ACCID	ENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY	OCCURRED. (Enter nature	of Injury in Part I or Part		1
PART II. OTI	ENT WAS UNDERLYING BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)					
	OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20	e. PLACE OF INJURY (Home	farm, 20f. (City or town	(County)	(State)
	a.m.	While Not While	factory, street, office bidg		/ (004110)/	(01210)
<u> </u>	p.m./ 19	at work at work	10		100	
21. I c	ertify that (I) (t his hospital)	attended the deceased fro	m 12/1/21,	19 h) to 1	//, 19/ /that (i) (we) last
saw the	deceased alive on	19 / an	d that death occurred a	14 DM from the cavs	ses and on the date sta	ated/above.
22a. SIGN	ATORE ON /	1441			22b. DATE SIGNED	1/1
-	Dem M	1: Cons	M.D. PHYS.	MED. STAFF PHYS.	11/11/	16'1
22c. PHYS	CIÁN'S		22d. ADDRESS		1////	1
NAM	James P.	Jar/boe M.D.	Great	Mills, Maryla	and / /	
23a. BURIAL C	REMATION, 23b. DATE THER (Specify)	EOF 23c. NAME OF CEN	METERY OR CREMATORY	23d. LOCATION (City	, town or county)	(State)
HIPLAL"	Dec 20 10	67 / ST JAMES	CEMETERY	Uenus mess -	CT Manula	Ma
24. FUNERAL	DIRECTOMAttingley			REC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATUR	RE IVID
W CLABUE	MATTINGLEY	's Leonardt	own, Marylane	EC 2 C 1007	Milwanda Ose	1.0
III . OF VKKE	WALL INGERT		7 DATE	BEC 2 6 1967	your entry you	

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BURIAL DER 20, 1367 C Dr. JAMES CENTRES HARMSKILLE, St. Marsh. No.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14000			CEKTIFICA	ALE OF DEATH		11037		
1. PLACE OF DEATH o. COUNTY	T. MARY S		MARYLAND	a. STATE	(Where deceased lived, if instituti b. COUN			
	(If autside carparate limited and give nearest town) CHAPT I CO	its,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corporate limits, write RUR	RAL and give nearest tav	vn)	
	PITAL OR INSTITUTION (If I	nat in haspital,	give street address)	d. STREET ADDRESS		10	RESIDENCE A FARM?	
3. NAME OF DECEASED	HENR	irst	Middle ALBERT	Last	4. DATE Mant OF DEATH DECEMBE	th Day	Year 19 67	
(Type or print)	6. COLOR OR RACE	7. MARRIED		B. DATE OF BIRTH	9. AGE (In years	I IF UNDER 1 YEAR IF U		
MALE	WHITE	WIDOWED	NEVER MARRIED DIVORCED	DEC.4, 1896	last birthday)		ours Min.	
luring mast of working	ON (Give kind af work dang ng life, even if retired)	11	IND OF BUSINESS OR NDUSTRY		y & State, ar fareign country)	12. CITIZEN OF WH COUNTRY?	AT	
FARM I 13. FATHER'S NAME	NG	FA	RMING	14. MOTHER'S MAIDEN		1 U.S.A.		
	Hanny Davis							
	HENRY DAVIS		SOCIAL SECURITY NO.	MARY P	• LOVE Addre	200		
(Yes, na, or unknown	(If yes give war or dates	of service)	8-12-9692	ELLA S DAV		AS No. 2 AB	OVE	
	DEATH (Enter only one co			F	-1	INTERVA	L BETWEEN	
PARTI. DE	IMMEDIATE CAUS	E (a)	umono	ly ac	un-	7	7	
502		E TO	. 1.	6 1		Se	Sea	
Conditions, if or rise to immedi	nte couse (n)	(b)	my !	There				
stating the und	derlying cause	E 10 (c)	uphypena	· Brim	lety	ge	my	
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)		FORMED?	
OR CONTRIBUTION	VAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. D	ESCRIBE HOW INJURY OCCUR	RED. (Enter nature af injury in	Part I ar Part II of item IB.)			
20c. TIME OF IN	NJURY Month, Day, Year	While	Nat While	. PLACE OF INJURY (Hame, far factory, street, affice bldg., etc		(Caunty)	(State)	
21. I cer		spital) atten	ded the deceased fran	n, that death accurred a	t M fram causes	and an the date st	(I) (we) lo	
220. SIGNATUR		2711	1/53/, 0110	M.D. PHYS.	MED. STAFF PHYS.	22b. DATE SIGNED	y S	
22c. PHYSICIAN NAME (Iv		V)0357		22d. ADDRESS		MARYLAND		
23o. BURIAL, CREMA		HEREOF	23c. NAME OF CEMETERY	OR CREMATORY .	23d. LOCATION (City or To	wn) (County)	(State)	
REMOVAL (Spec	DEC. 31	1967	CHRIST CHIE	CH CEMETERY	CHAPTICO	ST. MARYIS	Mo	
24. FUNERAL DIREC	TOR		ADDRESS		D BY REGISTRAR 2Sb. RE	GISTRAR'S SIGNATURE	ye	
W.CLARK	E MATTINGLE	Y	EONARDTOWN.	VID.	11 , 3 1000		/	

bages 1 and 2 urs after death. after death. the funeral TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fur director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers, agges 1 should be filed with the State Dept. af Health priar ta burial, cremation, ar remaval, and in any event, within 72 hours affer. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 25M 1/67

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Purch Dearing Sure Ober 100 (Merhy Almest Davis December 25, 67 (Let 100176 See, 1656 71 Fabrius Farmy Davis Falsing Stringer's Us. 1.3). Livis Heavy Davis Falsing Share Falsing Sance (Let 21-12-792 Sept. Share Falsing Sance) (Let 21-12-792 Sept. Share Falsing Sance) (Let 21-12-792 Sept. Share Falsing Sance)	two and . To				B TYRAN .T	
HENRY LINES DED., ISSUE DEDUCTORS, ISSUE AS A CONTROL OF						
Le compete Sep.A. Le Carrier France Se, Mary Le Les. D.S Lewis Henry Davis Naw P. Love No. 216-16-792 Sep.A & Davis Sale Mr. 2 arove	×					
LE THEIR FASHING SE, MAY 1 MM. U.S.A. U.S.A. U.S.A. U.S.A. U.S.A.A. U.S.A.A. U.S.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.				*		
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MFDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

		. 000	ME	DICAL EXAMINER'S	CERTIFICATE (OF DEATH	17638
T.		PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceased lived, if institution:	Residence before admission)
		ST.	Mary 1s	MARYLAND	o. STATE MARY LA	AND D. COUNTY	ST. MARY'S
		b. CITY OR TOWN (If out:	side corporate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside corporote limits, write RURAL o	and give nearest town)
	L	write RURAL and give		5 DAYB	CALIFOR	NIA /	V-1
			R INSTITUTION (If not in hospite		d. STREET ADDRESS		e. IS RESIDENCE
76			MARY S HOSPITA		Roure	2 Box 43 A	ON A FARM? YES NO X
	3.	NAME OF	First	Middle	Lost	4. DATE Month	Day Year
		DECEASED (Type or print)	MARY	BEATRICE	DAVIS	OF DEATH DECEMBER	19. 19 67
	S.	SEX 6. C	COLOR OR RACE 7. MARRIE		8. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.
	1	EMALE W	HITE WIDOW	ED DIVORCED	SEPT.7,191		onths Days Haurs Min.
	10a	USUAL OCCUPATION (Give	e kind of wark done 10b.	. KIND OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF WHAT
inan lai	duri	ng mast af working life, e		INDUSTRY	132	VA	COUNTRY?
	13.	FATHER'S NAME	VY		14. MOTHER'S MAIDEN		Uede ne
		0	F 0- 0		A		
17 11	15	WAS DECEASED EVER IN U	F. ST.CLAIR	16. SOCIAL SECURITY NO. 17.	INFORMANT	ILE G. OWENS	
			s give war or dates af service)				MARYLAND
a de la companya de l				LEC LEC	RGE W.ST.CL	AIR 6227 LAMONT	DRIVE LANHAM,
≥		18. CAUSE OF DEATH PART I. DEATH WA	(Enter only one cause per line				INTERVAL BETWEEN ONSET AND DEATH
event		0.0.0.1	IMMEDIATE CAUSE (a)	ultiple injurie	s severe		1 days
		8234	DUE TO				
any		Conditions, if any, which is to immediate cau					
DIID DIID		stating the underlying					The Contract
		last.	(c)				
	z	PART II. OTHER SIGNIFIC	CANT CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
2	AT10						YES NO F
	CERTIFICATION	20a. EXTERNAL CAUSE V		DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in	Part I ar Part II of item 18.)	
	CER	PRIMAR OF ONTRIB	uting L) dr	iver of auto w	ich hit tre	ee	
5	MEDICAL	20c TIME OF INJURY A	Month, Day, Year 20d	I. INJURY OCCURRED 2 2De. PL	ACE OF INJURY (Hame, far.	m, 2Df. (City or town)	(County) (State)
crematian,	MED	20 TIME OF INJURY A		nile Not While Patu	tary, street, affice bldg., etc.	Road, California	St. Manule Mo
Cre				remoins described obove, h			
lol.		deoth resulted f		, Accident , Sui			
200		deom teamied t	Notural couses	Accident K 30			.81
!		ACTUAL	12/1 4	112 1	CHIEF MEDICA	DICAL EXAMINER	22. DATE SIGNED
		SIGNATURE	nne	1 Doy	M.D.		12/20/67
2		EXAMINER'S	iam D. Boyd,	M. D.		CAL EXAMINER 🔀 et, city, town, or county)	12/20/01
L L	230	. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(Caunty) (State)
=	230	REMOVAL (Specify)					(canny) (state)
	0.4		DEC.22, 1967	ARLINGTON N		ARLINGTON, A	RLINGTON, VA.
)	1	FUNERAL DIRECTOR		ADDRESS	250. REC		RAR'S SIGNATURE
	I W	CLARKE MAT	TINGLEY LEON	ARDTOWN. MARYLA	DATEUL	-U & O 1001 X	Carred Marie

POTENTIAL TRANSPORTED AND LONG BY A STREET OF THE PARTY O alvaa .T. ONASTATE CHARLES LEGINATITORIUS SONIS L. GALITORIUS A FA KUR S BRURE BURE S BUR ES A ARREST CENTRE CENTRE VERS . 637 110A _ 33.1A SUSTAL THE THERE ALASS. TO . ATTIS DI AJYEA BURIAL SEC. 22,1907 ARL: NOTON NATIONAL ARLINSTON, BREINSTON, VA. W. CLARKE MATTINGLIY LICKARDTOWN, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

ruk 3			4003		MILD	CAE EXAMINE	CENT	IIICAIL O	DEATH	1	103:	7
HEALTH	DEPT.	1.	PLACE OF DEATH				2. USU	AL RESIDENCE (W	here deceased lived, if	institution: Resider	nce before o	dmission)
0 0 v	4000		o. COUNTY	77. 0	21 1 127	TT 4 STT MADVIAL	0. 5			b. COUNTY		
lay is 1 3 to Page	T S	-	ST. MAF	IY,S		TAND MARYLA		RYLAND	ST	MARY, S		
delay and 3 M3. Pag	E-301			outside corporate limit give nearest town)	rs,	c. LENGTH OF STAY IN 1	C. CITY	OR TOWN (If our	side corporote limits, w	rife RURAL and giv	e neorest to	wn)
ny del , and PM3.	===		LEONARDTO					(RURAL)	CALIFORN	TA	/	18-1
5 64	afe			L OR INSTITUTION (If n	ot in hospitol, g	ive street oddress)	d. STRI	EET ADDRESS	VALUE OF STATE		e. 1	RESIDENCE
# - E	te Depart durs after						0	LIFORNI	A MARYLAN	D	YES	N A FARM?
Pages vith far	ate			RY,S HOSPIT			0,					
death. e Page: with fo	100		NAME OF DECEASED		irst	Middle		Lost	4. DATE OF	Month	Doy	Year
ter de Give I	T pe		(Type or print)	ALI	CE	MARGARET	154	NNELS	DEATH DECEM	BER	18	19 67
after death. If a 8. Give Pages 1, alang with farm	The state of the s	S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE	OF BIRTH	9. AGE (In y	eors IF UNDER		UNDER 24 HRS.
0 0 TO		Tr.	EMALE	NEGRO	WIDOWED >	DIVORCED	- CIPTOM	4, 189	7 To lost birth	117	Doys 1	lours Min.
haurs Item 1 Office	and 2 event	_								yrs.	TIZEN OF W	LAT
haurs tem 1 Office	and	dur	no most of working	(Give kind of work done ife even if retired)		ND OF BUSINESS OR	П. В	IKTHPLACE (STOTE	or foreign country)	((TIMTPY 2	
24 n s	_	001	ng most of working HOUSEWI	FE	DC	DMESTIC		MARYLAN	D	Ū	. S.	A.
ner iii		13.	FATHER'S NAME				14. MC	THER'S MAIDEN N	AME			
within 2 n pencil is Examiner			JOSEPH	THOMAS GI	ADDEN			RACHEL	JOHNSON			
X G X	File	15		R IN U.S. ARMED FORCES?		OCIAL SECURITY NO.	17. INFORMA		TOUTION	Address		
		(Ye	s, no, or unknown)	(If yes give wor or dotes	of service)		17. INTOKMA	IV.I		Add 633		
executed anding" in Medical E	permit.		NO		2	L8-24-0623						
d be executed d "pending" Chief Medical	ansit permit. or remaval,			ATH (Enter only one co	use per line for	(o), (b), ond (c).)						AL BETWEEN
be in per	INSI Dr. r			H WAS CAUSED BY: IMMEDIATE CAUSE	(n)	Carela	ares (erry	Ul mi		UNSET	AND DEATH
595			4331		10							A design of
shauld e ward o the Ch	a burial-transit cremation, or re		Conditions, if ony,		(b)	arler	->-0	FO CON	themia		12-	LIA
s o	ma ma		rise to immediate		10						+	1
ate g th	G G		stoting the under	lying couse								
ific ting	al, a		lost.	,	(c)							
s certificate e, writing th farwarded t	used as burial,	z	PART II. OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELATE	D TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PART	1(0)		REFORMED?
S e		AII									YES	NO A
Thi icat	r to	CERTIFICATION	20o. EXTERNAL CAL		20b. DES	SCRIBE HOW INJURY OCCU	RRED. (Enter no	ture of injury in F	Port I or Port II of item	18.)		
*= -	s. Iauld priar	EXT	PRIMARY or CON CAUSE OF DEATH.	ITRIBUTING 🗆			,	1 /		,		
Cel	sho sho t, p			DV 44 J D V	204 14	JURY OCCURRED 20	- 01465 05 141	URY (Home, form	. 20f. (City or to	160		(Stote)
WIN he	aur file age 3 sh agent,	MEDICAL	Hour o.m	RY Month, Doy, Yeor	While	- Not While -		r, office bldg., etc.)		owii) (co	ounty)	(31016)
e e		×	p.m	10	ot work	ot work	100101,7,011101	,				
AL EXAMINER: execute the cert r. Page 4 shauld	RECTOR: Page 19 designated		21. I certify	that I took charc		nains described abov	e, held an A	utopsy .	Inspection 🔼	Inquiry A,	and in	my opinior
AL exe	stained for DIRECTOR: s designate		death result		al causes		Suicide	. Homicide		ned manner	7	,
Se	EC Sign		dealti lesoni	d Irum.	al cases	, Accident	Juicide [_]	CHIEF MEDICAL		ica mainer _	_	
MEDIC please e directar	etained DIRECT Is design		ACTUAL	/ //	1111	13.			CAL EXAMINER		22.	DATE SIGNED
Y	-		SIGNATURE	- Ch		Jely &	M.D.					
UT ary	er Br		EXAMINER'S		_				L EXAMINER	i.	2-1	,0-67
O DEPUTY ME necessary, plea the funeral dire	FUNERAL ealth ar its		NAME (Type)	WILLIAM D					city, town, or county)			
o L	20 m		BURIAL, CREMATIO			23c. NAME OF CEMETER	Y OR CREMATO	RY	23d. LOCATION (Cit	y or Town)	(County)	(Stote)
=	- 14D	1	STATIONAL (Specify)	12/22/	1967.	HOLY FAC	E CEM		GREAT MI	TS ST.	MARY.	S. Md.
	P	64	. PUNERAL DIRECTOR		1.	ADDRESS		2So. REC'D	BY REGISTRAK	25b. REGISTRAR'S	SIGNATURE	4.0
	A 15ME (5)	/	20 beach	111111111	FONARD	TOWN MARYLA	ND.	DATE DE	C 27 1967	Tellan	Men yo	as of the
	OW 1/00	V /	O CALLY T	ATTICATE T	THOMBUD.	TO HELL PARTICITIES.	120	DAIL DE	.0 20 1001			U

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and 3 to

This certificate should be executed within 24 haurs after death. If any deloy is

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State D

Health priar to burial, cremation, ar remaval, and in any event within 72 hours after death.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages

TO DEPUTY MEDICAL EXAMINER:

PM3. Page

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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# 5	10	5)			M

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17640

1. PLACE OF DEATH a. COUNTY	St. Mary's		O STATE	(Where deceased lived, if institution: Reside	ence befare admission)
L CITY OD TOWN /		MARYLAND	Mary		11/11/2
write RURAL and	If autside carparate limits, d give nearest town) ington Park	c. LENGTH OF STAY IN 16	1	autside carparate limits, write RURAL and gi gton Park	/8 - /
	AL OR INSTITUTION (If not in haspita	, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Rt. 235	, Lexington Parl	c	Rt. 235,	Lexington Park	YES NO K
3. NAME OF DECEASED (Type or print)	First CATHER IN	Middle VE ANN	lost ENNELS	4. DATE Month OF DEATH December	26 19 67
S. SEX	6. COLOR OR RACE 7. MARRIE	NEVER MARRIED	8. DATE OF BIP		R 1 YEAR IF UNDER 24 HRS.
Female	Colored WIDOWE	D DIVORCED	1/8/1914	last 53 iday) Manths	Days Haurs Min.
10a. USUAL OCCUPATION during most of working HOUSEWI		KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (State MARYLAND	re ar fareign cauntry) 12. (OUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
WILLIA	m nelson maso	N	MARY	E. THOMPSON	
		6. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
NO	(If yes give war ar dates af service)		MRS. HEI	LEN CURTIS HOLLYW	OOD Md.
	EATH (Enter anly ane cause per line 1 TH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Arterioscle	rotic Cardiova s cul	INTERVAL BETWEEN ONSET AND DEATH
7731	DUE TO		D	isease	
rise to immediat	re couse (a)				
stating the unde	rlying cause C(c)				
PART II. OTHER SI	GNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YP 27+19
20a. EXTERNAL CA PRIMARY ar CO CAUSE OF DEATH.		DESCRIBE HOW INJURY OCCURRED). (Enter nature af injury in	n Part I ar Part II af item 18.)	
20c. TIME OF INJU-	n. 12/2667 Wh		ACE OF INJURY (Hame, far letter, street affice bldg., etc	()	st.MARY, S Md
21. I certif	y that I took charge of the r	emains described above. I	neld a Autopsy K	Inspection Inquiry I	and in my apinion
	ted fram: Natoral conses.		icide , Homicid		
ACTUAL SIGNATURE	enst MI	180	CHIEF MEDICA M.D. ASSISTANT ME	AL EXAMINER EDICAL EXAMINER X	22. DATE SIGNED
EXAMINER'S NAME (Type)	Edward F.	Wilson, M.D.	DEPUTY MEDI	CAL EXAMINER et, city, tawn, ar caunty) Dec	ember 27, 19
23a. BURIAL, CREMATIC	ON, 23b. DATE THEREOF	ST. JOHN, S		23d. LOCATION (City or Town)	(Caunty) (State) MARY, S Md.
JOHN M.		ADDRESS NARDTOWN MARY		TO BY REGISTRAR 256. REGISTRAR'S	SIGNATURED LANGE

VR A15ME (5)

5 may be retained far your files.

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PART 2. STAFF

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AN LAME SON MALE



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17641

				CERTITIO	CAIL	OI DEATH			4 1 0 3	E 3.
T	PLACE OF DEAT	TH				2. USUAL RESIDENCE (V	Where deceosed li	ed, if institution	n: Residence bef	ore odmission)
ı	o. COUNTY	T. MARY S		MARYLA	AND	O. STATE	ND	b. COUNT	ST. MAI	RYIS
I	b. CITY OR TOW	/N (If outside corporate limit	s,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If ou	rtside corporote lir	nits, write RURA	L ond give neor	est town)
ı	LEONARD	and give nearest town)		1 HOUR		150	NARDTOWN			18-1
H		SPITAL OR INSTITUTION (If no	ot in hospitol, o)		d. STREET ADDRESS				e. IS RESIDENCE
1		MARY'S HOSP				PARK AV	ENHE			ON A FARM? YES NO
F	3. NAME OF		rst	Middle		Lost	4. DATE	Month	Do	
	DECEASED (Type or print)	FRANCI		ОТНА	EVA		OF -	ECEMBE	1	
1	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		8. DATE OF BIRTH	1 9. AG	F (In years	IF UNDER 1 YEAR	
	MALE	Nogro	WIDOWED			Aug. 10, 1908	59		Months Doys	Hours Min.
1		TION (Give kind of work done	L	ND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or foreign		12. CITIZEN	OF WHAT
9	during most of work	ring life, even if retired)	IN	DUSTRY		HOLLYWOO		LAND	COUNTRY	?
ŀ	13. FATHER'S NAM					14. MOTHER'S MAIDEN I		FULL	0.00	7.0
1		Joun Henry Fr	MANO			HANNA BEA	ANDER			
1	IS WAS DECEASED	JOHN HENRY E	16	SOCIAL SECURITY NO.	17.	INFORMANT		Address		
1	(Yes, no, or unknov	vn) (If yes give wor or dotes o	of service)			ES CECELIA/	RAPNES			ARYLAND
F	NO CAUSE O	F DEATH /Enter only one so				20 OECEL 14/1	DAKNES	LEUNARU		NTERVAL BETWEEN
١	PART I.	F DEATH (Enter only one cou DEATH WAS CAUSED BY:	(1,	(o), (b), ond (c).)	HAM	of Mills	anse,	1		DISET AND DEATH
١	420	IMMEDIATE CAUSE		Japan	M		1704 11		1	m
Ī	Conditions if	DUE ony, which gove)		6. MIN	1.11	Ran Itali	HAV Va	1, Da	7 5	nun
ı	nse to immed	diote couse (o),	(b)/	Jan VIV		MAN AGV	young	4		
	last.	nderlying couse	(c)	Myse	2	del	kno	wh	m	h
1	PART II. OTHE	R SIGNIFICANT CONDITIONS C	ONTRIBUTING 1	O DEATH POT NOT RELAT	TED TO	THE TERMINAL DISEASE CO	DITION GIVEN IN	PART 1(o)	19	9. WAS AUTOPSY PERFORMED?
1	5					· · · · · · · · · · · · · · · · · · ·				YES NO
	OR CONTRIBUT	WAS UNDERLYING □ ING □ CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DE	SCRIBE/HOW INJURY OCCI	URRED.	(Enter noture of injury in	Port I or Port II o	f item 1B.)		
1	20c. TIME OF	INJURY Month, Doy, Yeor				CE OF INJURY (Home, farm		y or town)	(County)	(Stote)
1	Hour	p.m. /19	While of world	Not While of work	1001	ory, street, office bldg., etc.)		16	/ / A	
ſ	21. I ce	ertify that (I) (this has	pital) attend				9 6 6, ta_	17/		that (I) (we) to
	sow the	deceased alive on_	19	12 + 19 (17 an	nd tho	t deoth occurred at	M, fro	ım causes ai	nd on the do	ote stated abov
	220. SIGNATU	JRE	0111	/// /-	_	ATTENDING 🖒	MFD. —	STAFF -	22b DATE/SIG	NED /
		X1	141	1 AM	M.I	D. PHYS.	DIRECTOR L	PHYS.	12	6/6/
	22c. PHYSICIA NAME (T	YPe) JAMES	P. JARE	DE M. D.		22d. ADDRESS	EAT MILL	.s, Mai	RYLAND	/ /
F	23o. BURIAL, CREM		EREOF /	23c. NAME OF CEMETE	ERY OR	CREMATORY .	23d. LOCATIO	N (City or Town	n) (Coun	ty) (Stote)
1	BURIAL Spe	DEC.28	.1967	ST. JOH	NS		HOLLY	MOOD. S	T. MARY I	S Marati AA
T	24. FUNERAL DIRE	CTOR		ADDRESS		2So. REC'I	BY REGISTRAR	GT 25b. REG	STRAR'S SCONAT	MARTEL AN
1	N. CLARK	E MATTINGLEY	LEONA	RDTOWN, MAR	RYLA	ND DATE DE	C 28 10			
H										

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

STAN IS VERY LIE

West Carrier I

AND THE PROPERTY OF THE PROPER

A CARLO CHILDYDAN WISCONYELD

HAMME SERVICE

TO THE RESERVE

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LATE-24-Ung Auton Steel a serve Landon in Market

SEAT MILLS, MINUTES Contract of the second

COLLYBOUR STREET, IN CHALLO

BURIAL DEC. M. 19.7 L ST. UNIVE

ON DEARER WATTHREET LEDWINGTON, WATERING

413.00

1763	1		CERTIFICA	TE OF	DEATH			17	642	
1. PLACE OF DEATH o. COUNTY					CTATE		ed lived, if institute b. COU	MTV		//
S1	. MARY S	0.00	MARYLAND	0.	MARY	LAND	b. coo	ST	. MAR	Y'5
b. CITY OR TOWN	(If outside corporate limited give nearest tawn)	ts,	c. LENGTH OF STAY IN 1b	c. CIT	Y OR TOWN (If au	utside corpora	te limits, write RU	RAL and give	nearest tow	/n)
LEONAR	DTOWN		THOUR 45 MIN	١.	RURAL	AVEN	UE		18	8.1
d. NAME OF HOSP	TAL OR INSTITUTION (If r	not in hospitol,	give street oddress)	d. ST	REET ADDRESS					RESIDENCE A FARM?
ST.	MARY S HOE	SPITAL							YES	☐ NO
3. NAME OF DECEASED	F	irst	Middle		Lost	4. DATE OF	Mon	th	Doy	Year
(Type or print)	MARK		ANTHONY	GA	88	DEATH		MSER	27,	19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE	OF BIRTH	9	. AGE (In yeors lost birthdoy)	IF UNDER 1		INDER 24 HF
MALE	WHITE	WIDOWED	DIVORCED _	Nov.	14,1967		Yrs.	1 1	3	
10o. USUAL OCCUPATION during most of workin	N (Give kind of work done		IND OF BUSINESS OR	11.8	IRTHPLACE (County	& Stote, or for	reign country)		IZEN OF WHA JNTRY?	AT
	g, o von n renned j	"	1000/10/		EONARDT		ARYLAND	Ŭ,	S.A.	
13. FATHER'S NAME				14. A	OTHER'S MAIDEN	NAME				
	MALCOLM ED	NARD GA	SS JR.		JEAN E	LIZABE	тн Вноти	ELL		
	ER IN U.S. ARMED FORCES' (If yes give wor or dotes		SOCIAL SECURITY NO.	7. INFORM	ANT		Addr	ess		
(103,110,0101111111111111111111111111111	(ii you give nor or series		F	OSP 11	AL RECO	RDS				
18. CAUSE OF	DEATH (Enter only one co	ouse per line for	(o), (b), ond (c).)	1		70				L BETWEEN
PAKI I. UE	ATH WAS CAUSED BY: IMMEDIATE CAUSE	(o) A	sphyp	0					6	NU DEATH
104.		E TO	211 / 15/						100	1
Conditions, if on		(b)	Junker	Das	reur	non	LA		IV	XI_A
stoting the und		E TO	- 00 9	14	AAA	- 1	2 /	. 7	-/	. 1
last.)	(c)	organil	DEX ,	ran	1/2	->U4	angle	266	NX
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BY NOT RELATED	TO THE TER	INAL DISEASE CO	NDITION GIVE	N IN PART I		19. WAS	AUTOPSY ORMED?
ICATION			U						YES [NO
느 20o. ACCIDENT W	AS UNDERLYING	20b. DI	ESCRIBE HOW INJURY OCCURR	ED. (Enter n	oture of injury in	Port I or Por	t II af iten 18.)			
(IF EITHER, NOTIF	G 🗆 CAUSE OF DEATH Y MEDICAL EXAMINER)	5-1 W								
	JURY Month, Day, Yeor				JURY (Home, form		(City or town)	(Cou	nty)	(Stote)
Hour o	.m. 19	While of wor		toctory, stre	et, office bldg., etc.	1 120-		/	1.	
21. I cert	ify Mat (1) (this ho		ded the deceased from		981	961	a 17/	27, 19_	6, That (1) (wa)
	lecedsed alive an_	111	2 // 196 / , and 1	hat deat	h accurred at	757 H	, fram causes	and an th	e date sto	ated ab
22o. SIGNATURI	There are	171	1100	AT	TENDING	MED.	STAFF	22b. DA	TESIGNED	1
/	HCC 1	the	1/1/7	M.D. PH		DIRECTOR	PHYS.	1/	128	16
22c. PHYSICIAN				2	2d. ADDRESS			17	00	10
NAM (Typ	JAMES	M. JARE	SOE M. D.			GREAT	MILLS,	MARYEA	ND	
230. BURIAL, REMAT	ION, 23b. DATE TI	REOF	23c. NAME OF CEMETERY	OR CREMAT	ORY .	23d. LO	CATION (City or To	own) ((County)	(Stote)
BUR WAL (Speci	DEC.29	. 1967	SACRED H	EART	CEMETERY	Busi	HWOOD, ST	MARY!	S.MAR	YLANI
24. FUNERAL DIRECT			ADDRESS			D BY REGISTR	AR 2Sb. R	EGISTRAR'S SI		102
W C. ADUE	MA TT INC. TV	1 50 114	DOTOWN MARY	AND	DATE	N Z	196B	- Company	A June	0

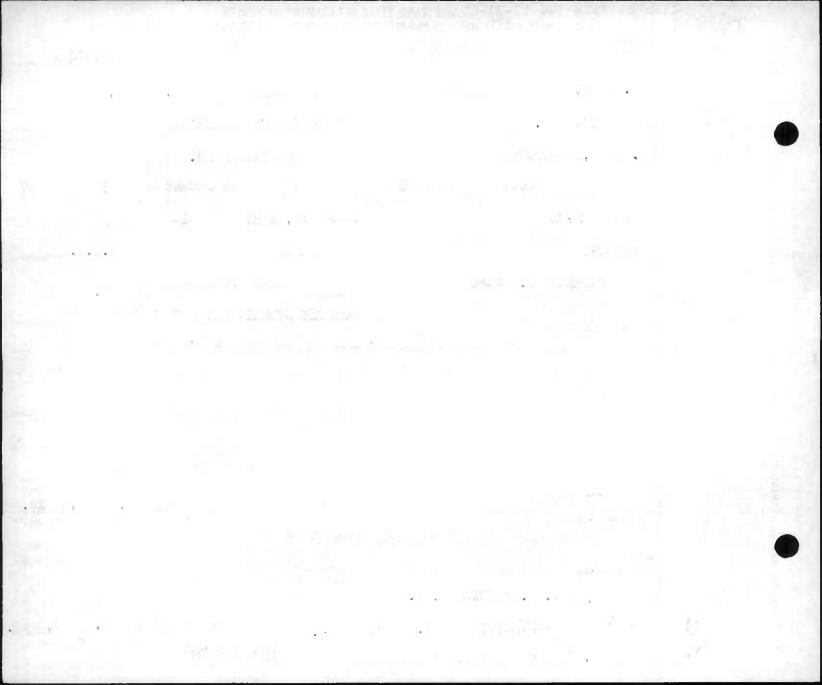
ours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filted in by the editector, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban paper. Pages —should be filed with the State Dept. of Health prior ta burial, crematian, or remaval, and in any event, within 72 hours at **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed withi Page 4 may be retained by the haspital ar attending physician.

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W. LABOR WATER LINE TO MAKE THE WATER OF THE PARTY AND THE

Item 20 Film 396 12-21-67 MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

639

CERTIFICATE OF DEATH

17644

1. PLACE OF DEATH a. COUNTY ST. MARY, S MARYLAND MARYLAND B. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) LEXINGTON PARK 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss MARYLAND ST. MARY, S C. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) LEXINGTON PARK	
b. CITY OR TOWN (If autside carparate limits. C. LENGTH OF STAY IN Ib. C. C. LENGTH OF STAY IN IB. C	ian)
b. CITY OR TOWN (If outside carparate limits. C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside carparate limits write RIRA) and give pearest town)	
LEONARDTOWN LEXINGTON PARK	
	-/
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. 15 RES	
ST. MARY, S HOSPITAL LEXINGTON PARK Md.	NO X
3. NAME OF First Middle Last 4. DATE Manth Day Ye	ear
DECEASED (Type or print) KATHERINA ANNA JUROVATY DEATH DECEMBER 18	57
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDE	R 24 HRS
FEMALE CARCASION WIDOWED DIVORCED AUG. 20. 1893 last birthday) 74 yrs. Manths Days Haurs	Min.
10a. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR life, or foreign country) 11. BIRTHPLACE (Caunty & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
HOUSEWIFE DOMESTIC CZECHOSLOWAKIA U. S. A.	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
FRANCIS SIMONCIC CECELIA KORMUT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates af service)	
NO MRS. CECEILA CATRON LEXINGTON PARK Md.	
IB. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND	
IMMEDIATE CAUSE (a) Carter on a la Managase Colon	The
Conditions, if any, which gave) (b)	
rise ta immediate cause (a),	
stating the underlying cause (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUT	OPSY
PERFORM YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CALUSE OF DEATH (IE FITTING MADICAL SWAMMER) (IE FITTING MADICAL SWAMMER)	NO X
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)	110 1
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) (County)	(State)
Haur a.m. p.m. 19 While Not While of work of work	
21. I certify that (I) (this hospital) ottended the deceased from the first of the least of the last o	wel la
sow the deceased alive on Dec 18 1967, and that death occurred at 47 M, fram causes and an the date states	d abov
sow the deceased drive on, and that death occurred at, m, half causes and all the agreestation	
22g. SIGNATURE 22b. DATE SIGNED	
220. SIGNATURE M.D. ATTENDING MED. STAFF 12-12-67	
220. SIGNATURE M.D. ATTENDING MED. STAFF 12-120-67 22c. PHYSICIAN'S 22d. ADDRESS	
22c. PHYSICIAN'S NAME (Type) P. J. BEAN M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 12-20-67	
22c. PHYSICIAN'S NAME (Type) P. J. BEAN M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION, (City or Town) (County) (County)	State)
22c. PHYSICIAN'S NAME (Type) P. J. BEAN M.D. ATTENDING MED. DIRECTOR PHYS. 22b. DATE SIGNED 12-20-67 22d. ADDRESS 22d. ADDRESS CREAT MILLS MARYLAND	,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17645

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)		o. COUNTY ST	MARY'S		MARY	/LAND	2. USUAL RESIDENCE (o. STATE MARY	Where deceo:	sed lived, if institu b. COU	INTY ST.	MARY	mission)
	111		(If outside corporate		c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If or	utside corporc	ote limits, write RL	JRAL ond give	e neorest to	vn)
	1	BELL	nd give nearest town)		5 YEARS		RURAL	LEONAR	RDTOWN		18	(1)
		d. NAME OF HOSPIT	TAL OR INSTITUTION	If not in hospitol,	give street oddress)		d. STREET ADDRESS			•		RESIDENCE N A FARM? NO 🔀
6	3.	NAME OF		First	Middle		Lost	4. DATE	Мог	nth	Doy	Year
١		DECEASED (Type or print)	Le	0	ALOYSTUS	LA	THROUM	OF DEATH	DECEM	BER 1		19 67
ľ	S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9	9. AGE (In years			JNDER 24 HRS.
	MALE		WHITE	WIDOWED	DIVORCED		Nov.9, 1884		83 birthdoy)	Months	Doys H	ours Min.
			N (Give kind of work of life, even if retired)		IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (County		reign country)		TIZEN OF WH	AT
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
			GEORGE WA	LLACE KX	XXXX LATHS	NOUM	ANNA EVE	LYN B	JRROUGHS			
attending physician opermit. Then please an, ar remaval, and i		WAS DECEASED EVE	ER IN U.S. ARMED FOR	TES? 16.	SOCIAL SECURITY NO.	17.	NFORMANT		Addı	ress		
	(16	s, no, or unknown)	(If yes give wor or do	tes of service)	NONE	FRA	NCES VIOLET	LATHE	ROUM A	BELL.	MARYL	AND
(D) +	=		EATH (Enter only one		(a), (b), ond (c).) p					,	INTERVA	L BETWEEN
signea by rne burial-transit burial, cremat			TH WAS CAUSED BY:	B	neumonia	-					ONSET /	AND DEATH
		493 X		DUE TO	4 4	1						
		Conditions, if ony		(b) Ex	idiae to	arla	re			100		15.5
	rise to immediate stoting the unde		DUE TO	V					To The			
	last.)	(c)									
	ATION	PART II. OTHER SI	IGNIFICANT CONDITIO	NS CONTRIBUTING	TO DEATH BUT NOT REL	ATED TO	THE TERMINAL DISEASE CO	NDITION GIVE	EN IN PART 1(o)		19. WAS PER YES	S AUTOPSY FORMED?
	L CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DI	SCRIBE HOW INJURY OF	CCURRED.	(Enter noture of injury in	Port I or Por	rt II of item 1B.)			
	MEDICAL	20c. TIME OF INJ Hour 'o.i		or 20d. I While of wor			CE OF INJURY (Home, form ory, street, office bldg., etc.		(City or town)	(Co	unty)	(Stote)
	H	21. I certi	ify that (I) (this	haspital) atten	ded the deceased	from	1/20	19.65, t	order 1"	, 1%	Z, that	(I) (we) las
			leceased alive ar				death accurred at		A, fram causes	and an th	He date st	ated above
		220. SIGNATURE	Elraver.	Green	well	M.(ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. D	ATE SIGNED	
		22c. PHYSICIAN'S NAME (Type		S GREENW	ELL M. D.		22d. ADDRESS	EO NAR	TOWN, M	ARYLAN	D	
		BURIAL, CREMATIO		THEREOF	23c. NAME OF CEME	TERY OR	CREMATORY .	23d. LC	CATION (City or To	own)	(County)	(Stote)
	8	REMOVAL (Specify	DEC.	4, 1967	ST. ALO	YSIU	8	LEC	NARDTOW	N.ST.N	ARY S	Mo.
		. FUNERAL DIRECTO			ADDRESS		2001 1120	D BY REGIST	RAR 2Sb. R	EGISTRAR'S S	IGNATURE	
	M	.CLARKE	MATTINGLE	Y LEONA	RDTOWN, MA	RYLA	ND DATE	DEC 5	1967	your	wer &	100 Page
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S. JAN'S SIE HURAL LIGHARDTONIE LED ALCYHIUG LYTHEOGG BEDLEUTH 1, S MARTA BEDROE MALASE LAYAKM LAYARGUR HURA EVELYN BURNOUGHG WE FRANCE VIOLET LIYHROUK MURKENS	anx.
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GRORDE WALLASE LAYARM LAYARDUR ADDA EVELYN BUBADUCHG WELL, MANYEAND	3.4
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.

VR A15 (4) 25M 1/67 17641

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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d. NAME OF HOS	PITAL OR INSTITUTION (If not	in hospitol, give	street oddress)	d. STREET ADI	DRESS					e. IS RESII ON A F.	
S	T. MARY S HOE	BPITAL									NO 🗌
3. NAME OF	First	1	Middle	Lost	4	DATE	Mon	th	Doy	Ye	Of 10
(Type or print)	JOHN		PAUL	LAWRENC	E	OF DEATH	DECEN	BER	11,	19	67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT	TH	9. AG	E (In years	1F UNDER		IF UNDER	
MALE	COLORED	WIDOWED Y	DIVORCED	☐ FEB.12,	1895	72	st birthdoy)	Months	Doys	Hours	Min.
10o. USUAL OCCUPAT	ION (Give kind of work done		OF BUSINESS OR	11. BIRTHPLAC	E (County & St	tote, or foreign	country)		TIZEN OF		
FARME	ing life, even if retired)	INDU:	SIKT			MARY	LAND	U	S.A.		
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NAM						
	2 2	2		SZ. N. ISSA	М	ARY GR	EENWEL	1			
IS. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. 500	TAL SECURITY NO.	17. INFORMANT			Addr				
(Yes, no, or unknow	n) (If yes give wor or dotes of	service) 570_	28-1249A	MRS ROBETT	E SMIT	H Dea	YDEN.	Manua	an .		
18. CAUSE OF PART I. D	DEATH (Enter only one couse EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1/1	(b), ond (c).)	lent F	and	lund			INT	ERYAL BET	WEEN
570	DUE TO		40	00/11		P1/	1-	-4	17	0 /	/
Conditions, if o	ny, which gove) (b	11111	My So	null 1/2	vive	1011	Will	den	1/	LL	in
	derlying couse DUE To	-	blenn	il Ola	her	un			Se.	mf.	2400
PART II. OTHER	SIGNIFICANT CONDITIONS COI	NTRIBUTING TO	DEATH BUT NOT RELAT	ED TO THE TERMINAL DI	SEASE CONDIT	ION GIVEN IN	PART I(o)		119.	WAS AUTO	OPSY
200. ACCIDENT V	SIGNIFICATION CONDITIONS CON	TINKIBOTINO TO I	DEATH BOT NOT REDAIN	ED TO THE TERMINAL DI	SEASE COMBIT	NOW OTHER IN	TAKI I(V)			PERFORM ES	NO Z
LIF EITHER, NUT	WAS UNDERLYING □ NG □ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OCCU	JRRED. (Enter noture of	injury in Port	t I or Port II o	f item 18.)				
20c. TIME OF I	NJURY Month, Doy, Yeor			Oe. PLACE OF INJURY (H		20f. (Cit	ty or town)	(Co	unty)	((Stote)
₩ noui	p.m. 19	While of work	Not While of work	foctory, street, office	Diag., etc.)				10		
21. I ce	rtify that (I) (this haspi	ital) attended	the desegsed from	am	, 19	, to	1112	C, 19	/, th	at (I) (we) la:
saw the	deceased alive on	o Jer	1921, on	d that death occu	rred at	a_M, fre	om causes	ond on the	he date	e stated	above
220. SIGNATO		11		ATTENDING	✓ MEI	D. 🗆	STAFF _		ATE-SIGN		7
1	mer //	UN		M.D. PHYS.		ECTOR L	PHYS. L	11/9	10	20/	
22c. PHYSICIA NAME (Ty	pe) ERNEST REI	нм М.	D.	22d. ADDI		EXINGTO	N PARI	c, MAR	RYLA	ND	
23o. BURIAL, CREMA		EOF	23c. NAME OF CEMETE	RY OR CREMATORY		23d. LOCATIO	ON (City or To	wn)	(County) (S	itote)
BURIAL (Spec	DEC. 14.	1967	BETHESDA	CEMETERY			LEE,				
24. FUNERAL DIREC		-7-1	ADDRESS		2So. REC'D BY			EGISTRAR'S S			
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OMBIRIAL DEC. 14,1967 DETRIBUTA COMETERY WALLD LEE, T. MAN'S,

THE WATER MARKET MARKET LEGISLIPTOON, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Ma.		1764	?		CERTIFICAT	E OF DEATH		17647
dear dear		PLACE OF DEATH	. MARY IS		MARYLAND	- CYATE	(Where deceased lived, if institution b. COL	UNTY ST. MARY S
requires that the death certificate be executed within 24 haurs after g physician. signed by the attending physician and campletely filled in by the fuel burial-transit permit. Then please remave carban papers. Pages 1 a burial, crematian, ar remaval, and in any event, within 72 hours after		b. CITY OR TOWN (I	f autside carparate limit give nearest town) ECHANICSVII		C. LENGTH OF STAY IN 16		autside corporote limits, write RU	URAL and give neorest tawn)
filled in papers. him 72 ha		d. NAME OF HOSPITA	AL OR INSTITUTION (If no	at in haspital, giv	e street address)	d. STREET ADDRESS Bo × 4		e IS RESIDENCE ON A FARM? YES NO
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physic physic hen ple naval, c	13.	FATHER'S NAME	LLIAM WALL	ACE MATT	INGLY	14. MOTHER'S MAIDE	N NAME	
attending permit. Tl ian, ar rem	15. (Ye	WAS OFCEASED EVE	R IN U.S. ARMED FORCES? (If yes give war or dotes	of service) 16. SO	CIAL SECURITY NO. 17.	INFORMANT	Add	
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equires tha physician. signed by burial-tran burial, crer		420 Canditions, if any,	OUE which gave	()	8000)		
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문 p 支 s t	ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE (CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
Dia taba	CERTIFICATION	20a. ACCIOENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)		20b. DESC	RIBE HOW INJURY OCCURRED). (Enter nature af injury i	in Part I or Part II of item 1B.)	
PH his his of the Dep	MEDICAL	20c. TIME OF INJU Haur a.n p.n	10	20d. INJU While of wark		ACE OF INJURY (Hame, fo	tc.)	(Caunty) (State)
rTENDING ained by th TOR: After th hauld be de th the State			y that (I) (this hose ceased alive on_		d the deceased fram_ 19 5 7, and th	at death accurred of	19 55 to We at 19 5 M, fram causes	, 10, , that (I) (we) last and on the date stated obave.
OR A DE LEI DE LEI DE LEI DIRECTE SE 3 s e d wije ed w		22a. SIGNATURE	//W	om	men 1	A.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b: DATE SIGNED
SPITAL 4 may NERAL Dag Idbe fill		22c. PHYSICHAN'S NAME (Type)	F 4010	M059		D. 22d. ADDRESS	MECHANICSVILLE	
TO HOSPITAL Page 4 may TO FUNERAL director, pag Shauld be fi		REMOVAL (Specify	DEC. 15		ST. JOSEPHS	CEMETERY	23d. LOCATION (City or To	fown) (County) (State) MARY S MARY AND REGISTRAR'S SIGNATURE
VR A15 (4) 25M 1/67		CLARKE N	ATT INGLEY	LEONARD	ADDRESS DTOWN, MARYLA			REGISTRAR S SIGNATURE

STATE AND A SECOND GRALYFAY 0 YAAV 12 DALL PRESENTED THE TAKE THE PROPERTY OF THE PR JOHN THOMAS VATIFIED 12, 2001 CON 1900 FIRST THE SALE OF STREET HAVING ATMINISTRACE AND AND ALTERNATION OF FIRST ULYA JYRATI PERMISSI ELEMANT D. VARIOTAV. G. PERMISSE W. S. P. STANDALE. FEET INTERTEMENT Burlat . Dec. to, 1957 (SY, Johnson Company Mandany, Jr. May to, Mandany CHAITER CARTERIES LEGISLATIONS, CARTLAND

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17648

4 24					CERTITION		OI DEATH						
deoth ond 2 deoth		LACE OF DEATH				2	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)						
r d		ST.	MARY S		MARYLAND		a. STATE MAR	RYLAND	b. (OU	NTY ST. A	MARY S		
ofter he fur ges 1 ofter	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b						. CITY OR TOWN (If au	tside carpara					
n 24 hours ofter death		write RURAL and	give nearest tawn)		1 HOUR		RURAL	LOVEY	ILLE		18,1		
in ho	(. NAME OF HOSPITA	AL OR INSTITUTION (If no	t in haspital, g	give street address)	d	I. STREET ADDRESS			70.00	e. IS RESIDENCE ON A FARM?		
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couted within 24 completely filled fove carbon gape for event, vithin 2		SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. [DATE OF BIRTH	9	AGE (In years	Months D	AR IF UNDER 24 HRS.		
S S S	F	EMALE	WHITE	WIDOWED	DIVORCED [FE	в. 18, 1898		69 birthdoy)				
cian ond case remains and in one		USUAL OCCUPATION ng most of warking	I (Give kind af wark dane life, even if retired)		IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (County		eign country)	12. CITIZE	N OF WHAT		
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R: A puld the the		sow the de	eceased alive on	nu	19 <u></u>	that d	eath occurred at	M	, fram causes	and an the	date stated above.		
× 2 2 3		220. SIGNATURE	Man	man	Tail	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE	SIGNED -27-67		
O HOSPITAL O Page 4 may be O FUNERAL DII director, page should be filed		22 PHYSICIAN'S NAME (Type)	DAVID	L Mos	SMAN M.D.	111	22d. ADDRESS	MECHAN	IICSVILL	E, MARY	LAND		
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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24 FLYKRAL DIBECTORY NO LONG ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	24	FUNERAL DIRECTO		/	ADDRESS		2So. REC'I			SIGNATURE		
JOHN M. WELCH LEONARDTOWN, MD. DATAN 5 1968 Clientes	1	JOHN M.	WELCH	LEON	ARDTOWN . M	D.	DATE A A	5 1968	Milart	an Jange		

and 2 death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and camplefely fitted in by the fuheral director, page 3 shauld be detached far use as the burial-tronsit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the Stote Dept. at Health priar ta burial, cremation, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.

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FOR STATE any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to PM3. Page offer death rtment to February the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm Rours This certificate shauld be executed within 24 haurs after death. If Health ar its designated agent, priar ta burial, crematian, ar remaval, and in any event within 72 TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land2 with the TO DEPUTY MEDICAL EXAMINER: 5 may be retained far your files.

Items 18,20b&21 Film 396 MARYLAND STATE DI 1-8-68 ambivision of STATISTICAL RESEARCH AND RECORDS, 30	EPARTMENT OF HEALTH	201
1764:) Item #2a,b,c & d Film #G306 12 MEDICAL EXAMINER'S	/20/67 ph	7658
1. PLACE OF DEATH o. COUNTY St. Mary's MARYLAND		6644/
b. CITY OR TOWN (If outside corporate limits; write RURAL and give nearest town) On Patuxent River d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	80.3
In Navy Utility Boat	d. STREET ADDRESS Quarters/#21/3, Rt. Navel/Ordnance/Lab/Test/Fa	ON A FARM?
3. NAME OF DECEASED (Type or print) John Gilbert Pu	rdom 4. DATE Month OF DEATH December	Doy Year 5. 19 67
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Feb. 2, 1940 9. AGE (In years lost birthdoy) 775. Months	YEAR IF UNDER 24 HRS. Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Damage Controlman (Diver) U. S. Navy	11. BIRTHPLACE (Stote or foreign country) 12. CIT COI	IZEN OF WHAT UNTRY? U.S.
13. FATHER'S NAME Harvey Howard Purdom	14. MOTHER'S MAIDEN NAME Ruby Lynn Gilbert	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give war ar dates of service)] yes 1957-12/5/67 467-58-3528	Official U. S. Navy Records	
1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) Massive air emb	olism to heart and brain	INTERVAL BETWEEN ONSET AND DEATH IMMED.
Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. DUE TO (b) Scuba diving ac DUE TO (c)	cident	Immed.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
PRIMARY L. OF CONTRIBUTING L.	(Enter noture of injury in Port I or Port II of item 1B.) cident while on active duty ACE OF INJURY (Home, form, I 20f. (City or town) (Cou	c the Navy
Hour own While Not While fac	tory, street, office bldg., etc.)	
deoth resulted from: Natural causes , Accident X, Sui	cide, Hamicide, Undetermined manner	ond in my apinian 22. DATE SIGNED
EXAMINER'S A. A. A. D. C.	M.D. ASSISIANI MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER OF DAddress (Street, city, fown, or county)	12-7-67
230. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 12/8/67 ARLINGTON IN	CREMATORY 23d. LOCATION (City or Town)	(County) (Stole)
23. FINIERAL DIRECTOR ADDRESS JOHN M. WELCH - LEONARDTOWN, MD.	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI DABLE C 1 1 1967	GNATURE Sugge.

VR A15ME (5) 6M 1/66

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necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages, the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with for

IO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death.

5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State.

VR A15ME 50

Health priar ta burial, crematian, or removal, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17651

	1. [PLACE OF DEATH		2. USUAL RESIDENCE (V	There deceosed lived, if institution: Resident	dence before odmission)
	(o. COUNTY St. Mary's	MARYLAND	o. STATE	aruland b. COUNTY	St. Mary's
	-	b. CITY OR TOWN (If outside corporate limits.	C. LENGTH OF STAY IN 1b	4	tside corporote limits, write RURAL ond	
		write RURAL and give nearest tawn)	0.0.4	11	icsville - Oakvi	•
1		Leonardtown	U. U. A.		esucce - our	
2	0	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, g	jive street oddress)	d. STREET ADDRESS	0 1-	e. IS RESIDENCE ON A FARM?
7		St. Mary's Hospital		Route 1	Box 45	YES 🔀 NO 🗌
		NAME OF First	Middle	Lost	4. DATE Month	Doy Year
		(Type or print) Joseph	Horave	Quade	DEATH December	30, 19 67
	S. S	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		ER 1 YEAR IF UNDER 24 HRS.
	M	ale White WIDOWED	DIVORCED .	May 20, 1920	lost birthdoy) Month	s Doys Hours Min.
			ND OF BUSINESS OR	19. BIRTHPLACE (Stote	or foreign country) 12.	CITIZEN OF WHAT
	duri	ing most of working life, even if retired)	DUSTRY		M / /	COUNTRY?
	13	FATHER'S NAME		14. MOTHER'S MAIDEN N	Maryland 1	1. J. H.
			1	4.	4.44	
	10	James Sulvester of		INFORMANT UYE	ree Williams Address	
		s no or unknown) (If you give wor or dates of service)	1 . 2 . 2	6 6	. M	
		yes WW2 214	4-18-0831 Ma	rgaret (. &	vade same as # 2	
		1B. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (o)	Tnee	mone		4 days
		592 X DUE TO	an.	010	1	-/
		Conditions, if any, which gove) (b)	Chronia	Mome	rular nephr	ly 10 year
		rise to immediate couse (a), Stating the underlying couse DUE TO				
		last. (c)				
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY
2	CERTIFICATION	6000	- 1			PERFORMED? YES NO
	FIG	20o. EXTERNAL CAUSE WAS 20b DE	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Port I or Port II of item IR)	100
	ERTI	PRIMARY □ or CONTRIBUTING □	THE TOW INJOKT OCCORRED.	terrer notice of injury in	on For Form of Henri 18.)	
		CAUSE OF DEATH.	THE PARTY OF THE P	55 05 IN WALLEY (II)	1 201 (6)	(5)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. IN Hour o.m.		CE OF INJURY (Home, form tory, street, office bldg., etc.)		(County) (Stote)
	×	p.m. 19 of work		· //		
		21. I certify that I taok charge af the rem	nains described abave, he	eld an Autapsy 🔲 ,	Inspection 🔀, Inquiry 🔀	, and in my apinian
		death resulted fram: Natural couses	Accident . Suice	cide . Hamicide	Undetermined manner	
		719	-1 1	CHIEF MEDICAL	EXAMINER	
		ACTUAL SIGNATURE	1/Low /	M.D. ASSISTANT MED	ICAL EXAMINER	22. DATE SIGNED
2		EXAMINER'S W. A.L.	1570	DEPUTY MEDICA	L EXAMINER	1-9-68
		NAME (Type) William D. Boyd	M. D.	Address (Street	, city, town, or county)	100
	23o	. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
		bureal Jan. 3. 1967	St. Jasenh	(emetery	Moroanza, St. A	Janu's Marula
		. FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 9 25b. REGISTRAR	'S SIGNATURE
	111	1 0 1	rdtown Marulan	d DATE . A	N 5 1988 Poly	enlar Judas.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 bours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours, after death Page 4 may be retained by the hospital or attending physician.

VR A15 20M 1/

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.	PLACE DF DEATH					2. USUAL RESIDEN	CE (Where				Residence I	before admission)
		Saint Ma	arvis	MARYLA	NO	e. STATE	arv1		. COUN		int	Marvis
	b. CITY DR TOW write RURAL	N (if outside corpora and give nearest toy	te limits.	c. LENGTH DF STAY I		c. CITY DR TDWN (If	_ , , ,		Its, wri			nearest fown)
		Leonardt	town	5Hr.10.1	Min	. P	ark	Ha11				18-1
	d. NAME OF HOS	PITAL OR INSTITUTION	ON (if not in ho	spital, give street add	ress)	d. STREET AOORESS					0.	IS RESIDENCE ON A FARM?
		Saint Ma	ary's h	lospita1							YE	S ND
3.	NAME DF DECEASED	F	irst	Middle		Lest	4. DA	TE	Month	1,111	Day	Year
	(Type or print)					Shade		ATH De	cem		6	19 67
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIEO	3	. OATE OF BIRTH		9. AGE (In last birt	years	FUNDER		FUNDER 24 HRS.
	Male	Negro	WIDOWED [DIVORCED		12-6-67		- 1031 0111	yrs.	Months	Days	Hours Min.
10a	USUAL DCCUPAT	ION (Give kind of working life, even if retire	done 10b. Kil	ND OF BUSINESS OR		11. BIRTHPLACE (C	ounty & S	tate, or foreign	country)	12. C	ITIZEN O	FWHAT
		oron 11 total	"	DOUTE				MARYLA	ND		S.A.	
13.	. FATHER'S NAM	E				14. MOTHER'S MAIL	DEN NAM	E				
d.	Joseph	Edward S	hade			Lillia	n F1	len S	ome	rvi1	10	
15	. WAS DECEASED I	VER IN U.S. ARMED FO	ORCES? 16. S	OCIAL SECURITY ND.	17.	INFORMANT		1011 0	Addres	S	10	
(10	es, no, or unkown)	(IT yes give war or dates o	T Service)			Mother		Pa	rk I	Hall	M:	aryland
	18. CAUSE DF	DEATH [Enter only or	e cause per lir	ne for (a), (b), and (c).	1 /	HOCHCI		1 4		na i	4	VAL BETWEEN
		ATH WAS CAUSED BY	(: A	(+) s	0						ONSE	T AND DEATH
	7735	IMMEDIATE CAUSE	1000	serony their	tur	har h					Zna	lurg
	Conditions, If	OUE	12.	1	of.	(125H)						
	gave rise to	Immediate ((b) (b)	mercine in	U	(months)						
	cause (a), st underlying caus											
NO			(c)ONS CONTRIBUT	ING TO OFATH BUT NO	TRELA	TED TO THE TERMINAL D	DISFASE	CONDITION GI	VENINE	ART 1(a)	119. \	WAS AUTDPSY
ATI							01001020	JOHO THOM QI	. 2141141	AII. 2(0)	F	PERFORMED?
IFIC	20a ACCIDENT	WAS UNDERLYING	1 20h Or	ESCRIBE HOW INITIDY	00011	RREO. (Enter nature of	f Inlume to	n Dart Lor Do	rt 11 06	Itom 10	YES	NO NO
CERTIFICATION	OR CONTRIBUTI	NG CAUSE OF DEA	TH	LOOKIDE HOW MOOKI	0000	MED. (Enter notare of	i anjuny n	n rajt rot re	11 01	Item 10.	.)	
MEDICAL		NJURY Month, Oay,	Year 20d. IN.	JURY OCCURREO 20		E OF INJURY (Home, fa		f. (City or to	wn)	(Cou	inty)	(State)
4ED	Hour a,n		While at work	Not While at work	Tactor	y, street, office bldg., e	10.)					
ec.				d the deceased from	m	Dec-4 1	9/7	to O	017	10/	7 tha	t (I) (we) last
		eased alive on	Dice	£ 196 . and	t that	death occurred at			allege a	nd on t	he date	stated ahnve
	22a. SIGNATUR			e los in	a titut	acath boobired aq-		TOTAL CALL CA	103030		AJE'SIGN	
	DOUGHES		A	00	M.O.	ATTENDING PHYS.	MED. DIRECTOR	R STAFF		12/6	167	
	22c. PHYSICIA		11		mio	22d. ADDRESS	DIRECTO	11110.		77		
	NAME (Ty	Philip	J. Bea	an. M.D.		Grea	t Mi	11s.	Mar	v lan	d	
23a		ATION, 23b. DATE			ETERY	OR CREMATORY		LOCATION (City, tov	wn or cou	inty)	(State)
	REMDVAL (Spe	DEC. 19	1967	ST. ALOYSIU	s C	EMETERY	FO	NARDTON	IN S	ST MA	RYIE	Mp.
	CHAFRAL DIRE		1.7-1	AODRESS		25a. REC		NARDTOW EGISTRAR 2	b. RE	GISTRAR'	S SIGNA	TURE
		ngly's		Leonardt	LOW	n, Md. DATE F	090	1967	00	logit	in la	with a
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DURING DEC.19, 1967 ST.ALDYSIUS DEWETERN LEDVARGIONE, ST.NARY'S, EM. N.GRARKS WITTHOLEY N.GRARKS WITTHOLEY L.GRARKS WITTHOLEY L

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

18	15-04	0	die	3	
- 8	6	See	Street.	- 1	
-86-	- 10	3.75	4 8	. 3	

- 01-			CENTIFICATE OF	DEATH	17653
er death	1.	PLACE OF DEATH O. COUNTY ST. MARY S		STATE MARYLAND b. COU	
by the Pages		b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) LEONARDTOWN,	c. LENGTH OF STAY IN 16 c. CITY	Y OR TOWN (If outside carparate limits, write RU ST. GEORGE ISLAND	JRAL and give nearest tawn)
filled in by the property page 1. Page)(d. NAME OF HOSPITAL OR INSTITUTION (IF not in ST. MARY S HOSPI		REET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
ecuted withii campletely fi ave carban y event, with		NAME OF First DECEASEO (Type or print) JOHN	Middle MITCHELL SHEA	Lost 4. DATE Mon OF DEATH DECEMB	
executed nd camplet emave car any event	S.		The state of the s	9. AGE (In years lost birthday) 23,1904 9. AGE (In years lost birthday) 63 yrs.	Months Doys Hours Min.
icate be executed with rsicion and campletely please remave carban I, and in any event, wit	9	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) EAFOOD WHOLESALE	10b. KIND OF BUSINESS OR 11. BI	IRTHPLACE (County & Stote, or foreign country) WASHINGTON, D. C.	12. CITIZEN OF WHAT COUNTRY?
th certificate b ling physicion . Then please removal, and i	13	FATHER'S NAME CHARLES W. SH	The same of the sa	ANNIE 1. MITCHELL	
ne death certific attending phys permit. Then p ion, ar remaval,		WAS DECEASED EVER IN U.S. ARMED FORCES? is, no, or unknown) (If yes give wor or dates of ser	vice) 16. SOCIAL SECURITY NO. 17. INFORMA		ME AS # 2 ABOVE
equires that the death certificate be executed within 24 hours after death physician. Signed by the attending physician and campletely filled in by the furteral signed by the attending physician and campletely filled in by the furteral burial-transit permit. Then please remave carban papers. Pages 1 and burial, cremation, ar remaval, and in any event, within 72 habrs after death		18. CAUSE OF DEATH (Enter only one couse por part I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (a), (b), ond (c).) Portal	curhous	INTERVAL BETWEEN ONSET AND DEATH 2 MO
e law require ending physi s been signe as the buria oriar ta buria		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.			
sr aff te ha use alth p	3 CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO OEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMEO? YES NO
PHYSICIAN le haspital o his certificat stached far Dept. of Hec	L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURREO. (Enter no	ature of injury in Part I or Part II of item 18.)	
Of too	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		VJURY (Home, form, et, office bldg., etc.) 20f. (City or town)	(County) (State)
A Aff		saw the deceased alive an) attended the deceased fram 11- 2-20 19-67, and that death	h accurred at JPM, fram causes	and an the date stated abar
ral or atternoy be retaine at Director: page 3 should be filed with the		22c. SIGNATURE	Den M.D. PHI	TENDING MED. YS. DIRECTOR PHYS. C	22b. OATE SIGNED 721-4
HOSPITAL age 4 may FUNERAL I irector, page hould be fil	1	NAME (Type) WILLIAM D.	Boyd M.D.	LEONARDTOW	N. MARYLAND
TO HOSPITAL OR A Page 4 may be re TO FUNERAL DIREC director, page 3 should be filed with		DEC.23, 1		M.E. ST.GEORGE IS	OWN) (County) (Stote) LAND ST MARY S M EGISTRAR'S SIGNATURE
VR A15 (4) 25M 1/67			EONARDTOWN, MARYLAND	05007 1007 70	larles Jusge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			CERTI	FICATE	OF DEATH			17	654	
1. PLACE OF DEATH a. COUNTY ST	. Mary 1s		MAI	RYLAND	2. USUAL RESIDENCE (V		sed lived, if instituti b. COUN	TV	before odmis	
	(If autside carparate limit nd give nearest tawn) TOWN	s,	D.O.A.	(IN 1b	c. CITY OR TOWN (If au		ate limits, write RUR	AL and give n	earest tawn)	8-1
	TAL OR INSTITUTION (If n		•		d. STREET ADDRESS					SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	FRANCI	irst	Middle XAVIER		Last	4. DATE OF DEATH	Mant			Year 9 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI		3. DATE OF BIRTH OCT. 22, 1901		9. AGE (In years last birthday) yrs.	IF UNDER 1 Y		ER 24 HRS.
100. USUAL OCCUPATION during most of working FARMI N			IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (County	& State, ar fo	oreign country) MARYLAI	12. CITIZE	N OF WHAT	
IS. WAS DECEASED EV	EPH SPALDING ER IN U.S. ARMED FORCES? (If yes give war ar dates	of service) 16.	SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN ! RUTH F NFORMANT SAN MEEDZINE	PAYNE	Addre	-	RYLAND	
PART I. DEL # 2 0 / Canditions, if an rise to immedia stating the und last.	re cause (a), erlying cause	(a) (b) (c) (c)	per feusi	n c	reis o	230	Lucis	e	ONSET AND	DEATH
20a. ACCIDENT W	AS UNDERLYING G CAUSE OF DEATH				HE TERMINAL DISEASE CON				19. WAS AL PERFOR YES	JTOPSY RMED? NO []
20c. TIME OF IN	MEDICAL EXAMINER) JURY Month, Day, Year	20d. II While at war	NJURY OCCURRED Not While at work		E OF INJURY (Home, farm ary, street, office bldg., etc.)		(City or town)	(Count	γ)	(State)
/	my V	spital) often	ded the deceased	d from Cond that	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR		22b. DATE	SIGNED	(we) las ed obave
23a. BURIAL, CREMAT REMOVAL (Specif BURIAL 24. FUNERAL DIRECT Matt	DEC. 30	1967	ADDRESS	ts CH	URCH CEMETE		RAR 2Sb. RE	Nn) (Co		(Stote)

director, page 3 should be detached for use as the burial-transit permit. Then please remove carboa papers. Pages Land 2 should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death hours after. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely titled director, page 3 should be detached for use as the burial-transit permit. Then please remove carboa page TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

SATYLAND. ST. VARV. IN W-VIII SAFELY . F. C. C. G G C W F. J. 10 P. POPULATION .. JAY LABOH E YEAR ITS PROBAGE SALA AVIEW CARLCING DECEMBER 1200 TORTYSS. TOO IS TO MEET A SECTION OF THE PROPERTY OF THE PROPE PATENTA! OM FOLKER HESSOL SIC. F. SOR - SUCAR MCCATANAL - LEGARIOY DESI, MARKANO SOUR PROPERTY. D. c. 30, 1907 . 1 St. John's Chunch of Here I Mauly Mand St. Market Man.

Committee to the second of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17655

							~ , 0	U 17	
1. PLACE OF DEATH				2. USUAL RESIDENCE	(Where deceosed	lived, if instituti	ion: Residence befo	ore odmission	1) ~
a. COUNTY	ST. MARY S		MARYLAND	a. STATE	ARYLAND	b. COUN	ST . MARY	1'5	
b. CITY OR TOWN	(If autside carporote limits,		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside carparote				
	and give nearest tawn) LEONARDTOWN		12 HRS.	L	OVEVILL	E	71 711	18/	
	PITAL OR INSTITUTION (If nat	in haspital, aiv		d. STREET ADDRESS				e. IS RESIDE	
	T. MARY S HOS							YES N	10 N
3. NAME OF	Firs	t	Middle	Last	4. DATE	Mant	h Da	y Year	
(Type or print)	BETHA	NIE	BRUBAKER	STAUFFER	DEATH	DEC.	18	5 196	7
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YEAR	IF UNDER 2	
F	WHITE	WIDOWED [DIVORCED	APRIL 30,190	67	last birthday)	Menths 180ys	Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work dane		D OF BUSINESS OR	11. BIRTHPLACE (County		· · · · · · · · · · · · · · · · · · ·	12. CITIZEN C		
during most of warki	ng life, even if retired)	IND	USTRY	LEONARD.	TOWN ST	Maryla	COUNTRY	? A .	
13. FATHER'S NAME				14. MOTHER'S MAIDEN		· WART O	0.0	• • •	
	VER IN U.S. ARMED FORCES?		OCIAL SECURITY NO. 1	ELSIE FO	X BRUBA	KER Addre	APP.		
(Yes, na, ar unknawn	(If yes give wor or dates af	service)	CIAC SECURITY NO.						
				LEVI M. STA	UFFER	Lov	EXILLE.		
	DEATH (Enter anly ane cause	e per line for (c	a), (b), ond (c).)				IN	TERVAL BETW	/EEN
PAKI I. U	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	of The	umonia				3	17 hoz	Ain
49	X DUE T	. 4							
Canditions, if a	ay which gave \						100		
rise to immedi	ote couse (a),	b)							
stating the un-	derlying couse								
last.		c)					1		
PART II. OTHER	SIGNIFICANT CONDITIONS CO	NTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	INDITION GIVEN	IN PART 1(a)	19	PERFORME	JS. YS.
ATIO								parties.	10
	VAS UNDERLYING	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I ar Part	II of item 18.)			
OR CONTRIBUTION	NG □ CAUSE OF DEATH FY MEDICAL EXAMINER)					,			
	NJURY Manth, Day, Year	204 INII	URY OCCURRED 20e.	PLACE OF INJURY (Hame, far	m. 20f.	(City ar tawn)	(County)	/51	tate)
Hour Hour	a.m.	While	Not While	factory, street, affice bldg., etc		(cir) at rawn,	(500111)	(3)	010)
	p.m. 19	at work		<u> </u>					
	tify that (1) (this hasp	ital) attende			1% / ta		18, 187, 1	hat (I) (w	e) la
	deceased alive an	Ale	15_1967_, and t	hat death accurred a	14.40 AM,	tram causes	and an the da	te stated	abav
22o. SIGNATUR	E		0.0	ATTENDING	MED.	STAFF _	22b. DATE SIG	NED	
		AV	Lean 1100	M.D. PHYS.	DIRECTOR L	PHYS.	12-1	8-67	7
22c. PHYSICIAN NAME (Typ		M.D.		22d. ADDRESS GREAT	MILLS,	Mo.			
23o. BURIAL, CREMA			23c. NAME OF CEMETERY			ATION (City or To	um) (Count	42) (44	101
REMOVAL (Spec			MENNONITE (wn) (Count		ote)
24. FUNERAL DIRECT		1701	ADDRESS		D BY REGISTRA		GISTRAR'S SIGNATU		LAN
							CONTRACT SIGNAL		
W. CI A	RKE MATTINGLE	. V	FONARDTOWN.	IMD DATE	261	10)//	THE PARTY OF THE P	The state of	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in 1944 funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2—Anauld be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 77 hourseafter depths. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

215384

a voide, the CHOTOFARDE. Loveyning . . . Jettment Planet . To OTATIO TOTAL элкиетай. TARKEL ST. TEST ed. Sall. "Sal vanil, vil or spranticoal." ALERONS XAT SINLE ASSESSATE FITTAN IVAL LEVIL ELAUFER LOVENILLES, NO. SHEAT HELL TO BE TELVIE E. J. Beach, W. D. REG. ZO, 1957 PERMONITE GENETEST LEVELVILLE, DT. WARY IN SERVICED AND THE PROPERTY OF THE PARTY O

7651 FOR STATE DEPT

P.M. Page

Stote Department of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL PECOPOS

NOI	Uľ	ALIAL	KECUKD	3, 301	AA' LKE21	ON SIKEEI,	DALII	MUNI	, MARILAN	IV
		845	DICAL	EVA	ALAIEDIC	CENTIEL	CATE	OF	DEATH	

1. PLACE OF DEATH				USUAL RESIDENCE	(Where deceos			ce before oc	dmission)
o. COUNTY St. Ma	ary's	MARYL		o. STATE Maryla:	nd	b. (OUI	NII	STO	11/2
b. CITY OR TOWN	(If outside corporate limits,	c. LENGTH OF STAY IN	1b c. (ITY OR TOWN (If o		te limits, write RU	RAL ond give	nearest to	wn)_
	and give nearest tawn)	D.O.A.		Chapti	co			11	18.1
	PITAL OR INSTITUTION (II not in	haspital, give street address)	d.	STREET ADDRESS					RESIDENCE
St. Mary	y's Hospital			Chaptic	o, Mar	yland		YES	N A FARM?
3. NAME OF	First	Middle		Lost	4. DATE	Mon	th	Doy	Year
(Type or print)	JOHN	HENRY	I	THOMAS	OF DEATH	Decem	ber	17,	19 67
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. D/	TE OF BIRTH	9	. AGE (In years	IF UNDER		UNDER 24 HRS.
Male	Negro V	VIDOWED DIVORCED	- JAN	.8.1937		lost birthdoy) 30 yrs.	Months	Doys H	lours Min.
1Do. USUAL OCCUPATI	ON (Give kind of work done	1Db. KIND OF BUSINESS OR	11	. BIRTHPLACE (Stote	e or foreign co	ountry)		IZEN OF WI	HAT
during most of worki	ng life, even if retired)	INDUSTRY	5	Mar	RYLAND		(0	U.S.A	
13. FATHER'S NAME			14.	MOTHER'S MAIDEN				0.01	
	HARRY A. THOMA	6	2 10	MARY M	ADELIN	E COUNTI	88		
1S. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFOR			Addr			
(Yes, no, or unknown	(If yes give wor or dotes of ser	vice)	MARY	Тномав	CHAPT	ICO. MAR	YLAND		
T		F 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1					INITEDV	AL BETWEEN
	DEATH (Enter only one couse p								AND DEATH
PAKI I. U	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o) _	Multiple Guns	hot Wo	ounds				ONSET	THE DESIGN
981	DUE TO								
Conditions, if o	ny, which gove) (b)							100	
rise to immed	iote couse (o),								
stoting the un	derlying couse								
	()) (C)	NOUTING TO DEATH BUT NOT DELA	TED TO THE T	FRANKAL DISEASE CO	AIDITION CIVI	AL INI DADT 1/a		10 WA	AS AUTOPSY
S PART II. UTHER	SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELA	IED IO IHE I	EKMINAL DISEASE CO	JNDITION GIVE	N IN PAKE I(0)			REORMED?
ATI			1-					YES	NO
200. EXTERNAL PRIMARY A or CALISE OF DEATH	CAUSE WAS CONTRIBUTING	20b. DESCRIBE HOW INJURY OCC	URRED. (Ente	noture of injury in	Port I or Por	t II of item 1B.)			
		apparently	shot a	as a resu	1t of	a gun ba	ttle		
2Dc. TIME OF I	NJURY Month, Doy, Yeor	2Dd. INJURY OCCURRED	2De. PLACE OF	INJURY (Home, for	m, 2Df.	(City or town)		unty)	(Stote)
8:30 How	XX 12/17 19 67	While Not While at work T		treet, office bldg., etc :eet)		St.	Marv	's, Md
		f the remains described abo			Inspecti	an , Inq	uiry 🔲,		my apinia
death res	ulted fram: Natural co	auses Accident .	Suicide	. Hamicid	e K U	ndetermined m	nanner []	SATE IN
	1			CHIEF MEDICA	L EXAMINER				
ACTUAL SIGNATURE	Melsus h.	7.0	M.	D ASSISTANT ME	DICAL EXAMIN	ER X		22.	DATE SIGNED
EXAMINER'S NAME (Type)	Werner U. S	Spitz, M.D.			CAL EXAMINER et, city, town,			12/18	/67
23o. BURIAL, CREMA	TION. 23b. DATE THEREO	IF 23c. NAME OF CEMET	ERY OR CREM			CATION (City or To	own)	(County)	(Stote)
_ REMOVAL (Spec	rify)					WOOD ST.			, ,
24. FUNERAL DIREC	DEC.21,1	ADDRESS	ARI UE		'D BY REGISTI	RAR 2Sh. R	EGISTRAR'S	IGNATURE	LAND
- TO I WITE WILL WINL		71W W11W WW		200. 1166			- 4	- 0	

LEONARDTOWN, MARYLAND

1967

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the Health prior to buriol, cremotion, or removal, and in any event within 72 hours ofter death. VR A15ME (5) 6M 1/67

W.CLARKE MATTINGLEY

TOP THE PROPERTY OF THE PARTY O TO THE WAY TO .A. .. 1000 1 ... FIRST, TAKE, TOTAL MARY MADELLINE COURTIES PARRY A. IHMAS MARY DEBMAS CHARTIST, MARKLAND

0"-273"

U.S.A.

THE E

Dre.21,1967 BAGRED HEART DEBETERY BUSHWOOD, ST. N. W. J., MARYLAND

W. JEARKE ATTIVOLEY (EDNARGTOWN, MARYLAND

7652

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		CERTIFICAL	L OI DEATH		17657
1. PLACE OF DEATH			2. USUAL RESIDENCE (Whe	re deceased lived, if institut	ian: Residence befare admission)
a. COUNTY	T. MARY'S	MARYLAND	O. STATE MARYLA	b. COU	ST. MARY'S
	(If autside corporate limits.	c. LENGTH OF STAY IN 1b			RAL and give nearest tawn)
write RURAL at	nd give nearest tawn)				
LEONARDTO		5 DAYS	RURAL	TALL TIMBER	
	ITAL OR INSTITUTION (If nat in		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
ST	. MARY S HOSP	ITAL			YES NO K
3. NAME OF	First	Middle	Last 4	. DATE Mant	th Day Year
(Type or print)	THEODORE	EGBERT XX	SAMONT WOOKS	OF DEATH DECE	MBER 11, 19 67
S. SEX	6. COLOR OR RACE 7. I	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
MALE	WHITE W	VIDOWED DIVORCED	JUNE 22, 1889	78 birthdoy) yrs.	Months Days Hours Min.
	ON (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & St		12. CITIZEN OF WHAT
during mast af warkin		INDUSTRY	The state of the s	11.11.11	COUNTRY?
SALES M	IAN		14. MOTHER'S MAIDEN NAM	PENNA.	U.S.A.
15. TATTICK 5 NAME					
	THEODORE E. TI		RACHEL V		
	/ER IN U.S. ARMED FORCES?) (If yes give war or dates of serv	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addre	ess
		215-01-1931A Ly	DIA M. THOMAS	TALL TIMB	ERS. MARYLAND
18. CAUSE OF E	DEATH (Enter only one cause pe	er line for (a), (b), and (c).)			INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Can a T.	a Heart 7	action	ONSET AND DEATH
4200	DUE TO	7			
Canditions, if on		Cost una	elevat F	1)	Sun-
rise ta immedia	ate cause (a), (1
stating the und	lerlying cause (c)				
DADT II OTHER S		IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	ION CIVEN IN DADT 1/-1	19. WAS AUTOPSY
NO PART II. OTTLER	SIGNIFICANT CONDITIONS CONTR	BOTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART I(d)	PERFORMED?
20g. ACCIDENT WAS OR CONTRIBUTION OR CONTRIBUTION		1-2			YES NO
OR CONTRIBUTING	AS UNDERLYING □ G □ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in Port	l or Part II af item 18.)	
(IF EITHER, NOTIF	Y MEDICAL EXAMINER)				
20c. TIME OF IN.	JURY Month, Day, Yeor		ACE OF INJURY (Home, farm,	20f. (City ar tawn)	(County) (State)
W Indui o	o.m. 19	While Nat While at wark	ctory, street, affice bldg., etc.)		
21. I cert	ify that (1) (this haspital) attended the deceased fram_	12-1, 190	7, to 2001	1, 19 (5) that (1) (we) la
saw the c	deceased alive an	e / 1967, and the	at death accurred at 3	444M. fram causes	and an the date stated abov
22a. SIGNATURE		1 1			22b. DATE SIGNED
	01111	S	I.D. PHYS. ME	D. STAFF PHYS.	1
22c. PHYSICIAN'	Server J-	70	22d. ADDRESS	icion — Filis. C	-1
NAME (Type		D. BOYD M. D.		LEONARDTOWN,	MARYLAND
23o. BURIAL, CREMATI	ION. 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CDEMATORY	22d LOCATION (City on To	(County) (County)
REMOVAL (Specif	(v)			23d. LOCATION (City or To	, , , , , , , , , , , , , , , , , , , ,
24. FUNERAL DIRECT	DEC. 13, 1		SCOPAL DECEMBER	VALLEY LEE	ST. MARY'S, MD.
		ADDRESS			
W.CLARKE	MATTINGLEY L	EONARDTOWN, MARYLA	ND DATED CO	1 1 1967 0	Charles Julia

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban page director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pape Shauld be filed with the State Dept. of Health priar ta burial, crematian, or remaval, and in any event, within 7 Page 4 may be retained by the hospital ar attending physician. VR A15 (4)

e www. DAYRANI . CO AARTON PARKET AND TOWN PARKET AND TANKERS ST. HANY'S POSTITAL THEODORIC CONSIST CANNAGE OF DECIMENTS OF THE DESCRIPTION OF THE PROPERTY OF T 37 1 1889 1 78 June 22, 1889 1 78 ANSIST COLUMN C.S.A. CHALLERS ARE CLOSE V. SANC LARGE MARCHINE Comment State of the Continue LUBINARUICUS, WARRIELIANO WILCIAM C. BOYD M. J. SOMEAR DEC. TO TO TO TO THE SOURCE AND THE SOURCE A W. CLARKE WATTEROLEY (LECTARGEORY, MARYERANA ... WATTEROLEY